

# DEPARTMENT OF CHILDREN AND FAMILY SERVICES PAYMENT REQUEST/RECEIVING REPORT

<b>VENDOR NUMBER:</b>  <b>VENDOR NAME &amp; ADDRESS:</b>	<b>AGENCY NAME &amp; ADDRESS:</b>   <b>AGENCY CONTACT PERSON:</b>  <b>AGENCY PHONE NUMBER:</b>
--	---

DESCRIPTION	INVOICE/JOB NUMBER	DATE REC'D	QTY. REC'D.

FY	AGENCY NO.	ORG.	OBJECT	SUB OBJECT	REPT. CAT.	AMOUNT
						\$
						\$
						\$

I certify that the above-listed items are authorized purchases for the Department of Children and Family Services.

<b>PREPARED BY:</b>	<b>DATE:</b>	<b>SIGNATURE OF AUTHORIZED AGENT</b>
---------------------	--------------	--------------------------------------

Submit completed form to: DCFS – Division of Management and Finance  
 Fiscal Services Section  
 Payment Management  
 P.O. Box 3927  
 Baton Rouge, LA 70821